

IN THE BOARD OF SUPERVISORS

County of San Luis Obispo, State of California

_____ day _____, 20__

PRESENT: Supervisors

ABSENT:

RESOLUTION NO. _____

**RESOLUTION REQUESTING A
FUNCTIONAL CLASSIFICATION CHANGE
FOR LOCAL STREETS AND ROADS
BY THE STATE OF CALIFORNIA,
DEPARTMENT OF TRANSPORTATION**

The following resolution is hereby offered and read:

WHEREAS, the County of San Luis Obispo is responsible for initiating requests for changes to the functional classification of streets and roads under their jurisdiction; and

WHEREAS, the County of San Luis Obispo receives State and Federal road improvement and maintenance funding based on street and road designation; and

WHEREAS, the Functional Classification Change, as presented in Exhibit “A,” are consistent with the County’s general plan.

NOW, THEREFORE, BE IT RESOLVED, by the Board of Supervisors, of the County of San Luis Obispo, State of California, that it does hereby request a Functional Classification Change for local streets and roads as listed in Exhibit “A,” by the State of California, Department of Transportation, and authorize the Director of Public Works to approve any subsequent agreements required by the State of California to implement these map revisions.

Upon motion of Supervisor _____, seconded by Supervisor _____, and on the following roll call vote, to-wit:

AYES:
NOES:
ABSENT:
ABSTAINING:

the foregoing Resolution is hereby adopted.

Chairperson of the Board of Supervisors

ATTEST:

Clerk of the Board of Supervisors

[SEAL]

APPROVED AS TO FORM AND LEGAL EFFECT:

RITA L. NEAL
County Counsel

By: 
Deputy County Counsel

Dated: September 4, 2013

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STATE OF CALIFORNIA, }
County of San Luis Obispo, } ss.

I, _____, County Clerk and ex-officio Clerk of the Board of Supervisors, in and for the County of San Luis Obispo, State of California, do hereby certify the foregoing to be a full, true and correct copy of an order made by the Board of Supervisors, as the same appears spread upon their minute book.

WITNESS my hand and the seal of said Board of Supervisors, affixed this _____ day of _____, 20 _____.

(SEAL)

County Clerk and Ex-Officio Clerk of the Board
of Supervisors

By _____
Deputy Clerk.

EXHIBIT A

Functional Classification Change Request Form

Submitted by: _____
Date: _____

[illegible]

Click on any column heading for instructions.

Functional Classification Codes	
Rural Functional Class Codes:	Urban Functional Class Codes:
01= Principal Arterial Interstate	11=Principal Arterial Interstate
02=Other Principal Arterial	12=Principal Arterial -Other Fwys or Expwys
06=Minor Arterial	14=Other Principal Arterial
07=Major Collector	16=Minor Arterial
08=Minor Collector	17=Collector
09=Local	19=Local